

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576,208

FILING DATE

4-17-06

AFFICANT(S)

CLAIMS

	AS FILED+ ARTICLE 311		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11						
12		1				
13						
14						
15		1				
16		1				
17						
18						
19		1				
20						
21						
22		2				
23		1				
24						
25		1				
26		1				
27		1				
28	1		1			
29		1				
30						
31		1				
32						
33						
34		1				
35						
36						
37						
38	1		1			
39						
40	1		1			
41						
42						
43						
44	1		1			
45						
46		2				
47		1				
48						
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54		1				
55	1		1			
56						
57		1				
58						
59		1				
60		1				
61		1				
62						
63		1				
64						
65		1				
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77	1					
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81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						